

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____ _____	v	Defendant's/Respondent's name, address, and telephone no. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">CTN</td> <td style="width: 33%; padding: 5px;">SID</td> <td style="width: 33%; padding: 5px;">DOB</td> </tr> </table>	CTN	SID	DOB
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<input type="checkbox"/> Juvenile <input type="checkbox"/> Probate In the matter of _____					

STATEMENT OF SERVICE

1. I, _____, was appointed by the court to serve as the
Name (type or print)
- _____ for _____, and services have been rendered.
Specify attorney, lawyer-guardian ad litem, etc. Name (type or print)
2. Compensation from any other source is not being sought.
3. Dates and the nature of services rendered and expenses are as follows:

DATE	SERVICE/EXPENSE	TIME

DATE	SERVICE/EXPENSE	TIME

I declare that the above statements are true to the best of my information, knowledge, and belief.

Date	Attorney/Guardian ad litem/Lawyer-Guardian ad litem signature	Bar no.
Social security no.	Address	
Federal identification no.	City, state, zip	Telephone no.

ORDER FOR PAYMENT

I certify that _____ was appointed to represent the named defendant/respondent/
child(ren) and that the service was rendered.

IT IS ORDERED _____ disbursing officer shall pay \$ _____ to _____
District control unit/County

_____ to compensate him/her for all time and expense in connection with this case.
Name (type or print)

Check no. _____ in the amount of \$ _____ issued on _____ .
Date